



Senatorial session

From left, AOA Trustee Joe Ellis, O.D., discusses issues with Sen. Mitch McConnell, KOA Executive Director Darlene Eakin and KOA President Mark E. Nordin, O.D. More than 80 Kentucky optometrists met with Sen. McConnell last month, to impress upon him the importance of optometry in the nation's health care system. See page 6.

NEI reaffirms policy that scientific meetings should be open

After receiving official complaints from AOA and the Association of Schools and Colleges of Optometry (ASCO), the National Eye Institute (NEI) has reaffirmed its open meetings policy that seeks to ensure that the results of clinical studies conducted and supported by the federal government are disseminated in open and accessible public forums.

NEI's decision, as announced by its top

official, Paul A. Sieving, MD, on August 1, 2005, represents a setback for organized ophthalmology's ongoing effort to block optometrists from even attending their meetings that focus on current eye and vision research.

According to Dr. Sieving, "It has been National Institutes of Health (NIH) policy that NIH scientists, principal investigators on NIH-funded projects, and grantee organizations are expected to make the results and accom-

plishments of their activities available to the research community and to the public at large."

NEI's announcement was well received by AOA and ASCO officials who have jointly targeted the ban since it was first imposed by ophthalmology groups in 2004.

"NEI's commitment to open meetings is crucial for optometrists, for taxpayers and for all Americans who benefit

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OD Median net income up modestly

Median net income for optometrists continues to increase, albeit modestly, the new 2005 AOA Economic Survey shows. However, the survey also shows some practitioners continue to do better than others—and suggests some reasons why, according to Richard C. Edlow, O.D., chair of the AOA Information and Data Committee.

The AOA Information and Data Committee surveys AOA members regarding practice income, expenses and other economic factors every two years. The latest survey reflects data for the year 2004.

The survey finds median net income from self-employed optometric practice increased modestly to \$161,000 in 2004 per practice, rising 3.9 percent from 2002.

Median net income per self-employed optometrist was \$120,000 in 2004 or about 4.8 percent more than the \$114,500 reported in 2002.

Median (or 50th percentile) income—as opposed to average (mean) income or other statistics—probably best exemplifies the typical optometrist's earnings from year to year, committee members note. Average net income per self-employed practice rose to \$218,103 in 2004, up from \$213,776 in 2002. Average net income per self-employed optometrist was \$148,923 in 2004, up 12.1 percent from the \$132,813 reported in 2002, the survey finds.

However, incomes for individual practitioners can vary substantially from the medians, committee members note. And, like other AOA surveys, the 2005 AOA Economic Survey

See *Income*, page 8

At A Glance: Opening Doors

28.4 million American workers and managed care plan enrollees have gained access to medical eye care through optometrists as the result of the AOA Managed Care Initiative.



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Letters



Editor:

The attacks of Sept. 11 confirmed the warnings of terrorism experts that it was a matter of time before a major attack would be executed upon the United States.

In New York City, SUNY optometry clinicians provided foreign body removal and ocular irrigation in this horrific event. Estimates of up to 20 percent of injuries involved the eye.

Many of our fellow health care practitioners have taken the initiative to prepare for the worst.

Organizations such as National Emergency Medical Response Team (NEMRT) and the International Association of Police Surgeons offer members the opportunity to join the rosters of GO-Teams. Dentists are encouraging the strengthening of Good Samaritan laws, and receiving education in emergency care (*Forensic*

Odontology News, Vol. 23 No. 2).

Every health district in the nation has established Smallpox Response Teams, but many are understaffed. For example, Connecticut is short 1,500 volunteers. (See article <http://www.acfei.com/ce-novdec03-Smallpox.php>)

Emergency response clinics are being expanded to mitigate other disasters, accidental and terrorist, man-made and natural. Los Angeles has Civilian Emergency Corps with training in intubation, IVs, etc.

Individuals may receive training and education to enhance related emergency care skills. The CDC (<http://www.bt.cdc.gov/>) and the military (<http://www.usamriid.army.mil/education/instruct.html>) offer remote learning for clinical response to nuclear, chemical and biological attack.

We optometrists as

a whole, in each state, throughout our nation, should at the minimum, consider doing as dentists are doing.

Our national and state optometric association education committees should consider training in emergency intubation, establishing IVs, administering antidotes, injectables and more, including review of foreign body removal and ocular irrigation.

Please encourage our optometric leaders to help us to better serve our public. We owe it to our patients and to the profession of optometry.

In the mean time, individuals may take the initiative to become educated and join local response teams.

E. Robert Bertolli, O.D.
C. J. Forkiotis, O.D.
D. Robert Pannone, O.D.

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AOA News
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Correction

Senate Health, Education, Labor and Pensions Committee member, Tom Harkin (D-IA) was misidentified in the 2004-2005 AOA Annual Report which appeared in the Aug. 15 AOA News. We regret the error.

American Optometric Association News (ISSN: 0094-9620) is published 18 times per year by Elsevier Inc., 360 Park Avenue South, New York, NY 10010. Months of issue are once monthly in January, June, July, August, November, and December and twice monthly in February, March, April, May, September and October.

Business Office: 11830 Westline Industrial Drive, St. Louis, MO 63146.

Editorial Office: 243 N. Lindbergh Blvd., St. Louis, MO 63141.

Accounting and Circulation Offices: 6277 Sea Harbor Drive, Orlando, FL 32887-4800.

Periodicals postage paid at New York, NY and at additional mailing offices.

POSTMASTER: Send address changes to *American Optometric Association News*, Elsevier Periodicals Department, 6277 Sea Harbor Drive, Orlando, FL 32887-4800.

Views and opinions appearing in the NEWS are not necessarily endorsed by AOA.
Printed in the USA.

AOA helps parents/ODs get kids ready for school

More than 1,500 of these press kits were sent to newspaper editors throughout the country.

Guided by the AOA Clinical Practice Guidelines, the Communications Group focused this summer's children's vision cam-

paign on the preschool age child.

Supported by a variety of tactics—satellite media tour on television, radio media tour, press kits, news release, and information designed for use in day care centers and preschools—the message of the importance of comprehensive eye exams for preschoolers was disseminated to parents and teachers throughout the country.

Sixteen live and taped interviews were conducted by Valerie Kattouf, O.D., associate professor at Illinois College of Optometry on Aug. 4, 2005.

She fielded questions on the difference between screenings and comprehensive eye exams, what the optometrist is looking for in an exam, and what symptoms parents and teachers can look for if they suspect a

child has a vision problem.

Markets that aired interviews or requested materials for future airing included:

- ❖ Flint/Saginaw/Bay City, MI
- ❖ Champaign/Springfield/Decatur, IL
- ❖ Huntsville/Decatur, AL
- ❖ Tallahassee/Thomasville, FL
- ❖ Savannah, GA
- ❖ Milwaukee, WI
- ❖ Minneapolis/St. Paul, MN
- ❖ Evansville, IN
- ❖ South Bend/Elkhart, IN
- ❖ Charleston, SC
- ❖ Atlanta, GA
- ❖ San Antonio, TX
- ❖ Nashville, TN
- ❖ Albuquerque/Santa Fe, NM
- ❖ Hartford/New Haven, CT

Live interviews with local spokespeople in conjunction with the Ready for School campaign also took place:

- ❖ Gail Doell, O.D., appeared on KTVI (FOX) St. Louis on Aug. 10.
- ❖ Dr. Kattouf appeared on WLS (ABC-7) Chicago on Aug. 16.

Leonard Press, O.D., chair of the AOA Pediatric Vision Project Team, served as spokesperson for the radio media tour conducted on Aug. 11, 2005.

He also conducted 16 live and taped interviews in local markets throughout the U.S. including New York, Philadelphia, and Boston. CNN Radio, MetroSource, and USA Radio Network were national networks that also participated in the tour.

Materials have been developed in collaboration with LearningWorks™, a company that develops curriculum supplements

for schools and day care centers.

The materials include reproducible letters and activity sheets to be presented to day care and preschool educators, parents, and children. These resources will be mailed to 6,000 centers throughout the country.

More than 1,500 press kits were sent to newspaper editors throughout the country. More than 80 AOA members requested materials to use in their local outreach to newspapers, teachers, parents, and patients.

The kits included inserts detailing the differences between screenings and eye exams, how good vision means better learning, and top 10 eyewear tips for parents

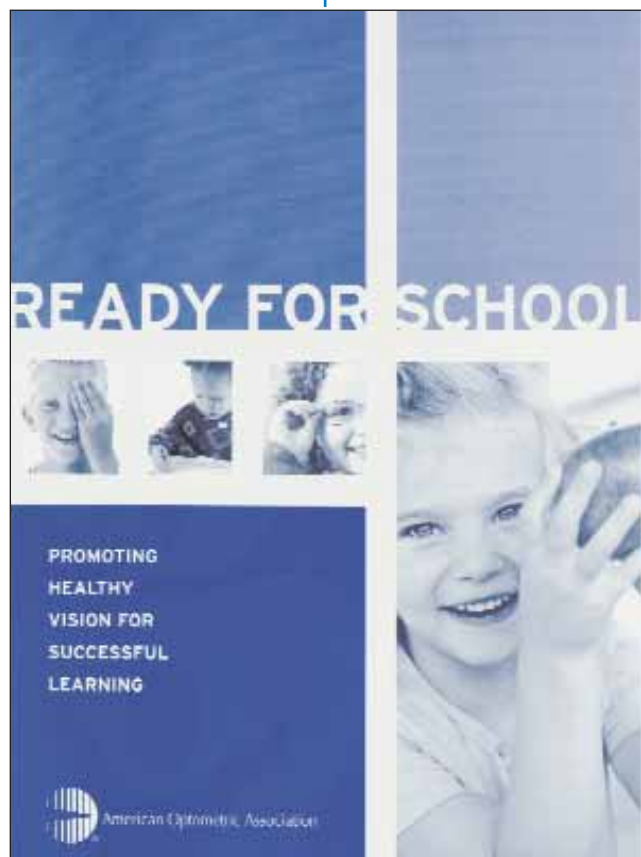
Erasers, crayons, and pencils are terrific "ready for school" giveaways in an optometric practice.

There are companies that will imprint items like these with your practice name or logo. Crayons were included in this year's campaign as attention-grabbers for the media.

They are also available to members to pass out in their offices. There is a limited supply—first come, first served.

Even though school has started, don't hesitate to get these important messages out to parents, educators, school administrators, school nurses and the media.

While there's a big push at the beginning of every school year, healthy vision for students should be a year-round topic. It's not too late to obtain a member kit or crayons; simply send an e-mail to publicrelations@aoa.org.



Work Hard, Play Hard

You work hard providing the best possible eye care to patients who depend on you. You need the latest up-to-date information. Get it from the most knowledgeable, experienced optometrists as they share their extensive clinical expertise with you. And after 4 hours a day of the finest education available, play just as hard, as you enjoy the best beaches, the finest fare, the most luxurious resorts and the release you deserve for working so hard.

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AUSTRALIA 2006
JULY 19-25, 2006



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Eye on Washington

80 Kentucky ODs gather in Lexington to honor senator



Sen. Mitch McConnell (R-KY) and Kentucky Optometric Association Executive Director Darlene Eakin.

Optometrists from communities across Kentucky gathered in the Lexington home of their colleague, Howell Finley, O.D., on August 10 to show support for their profession and their senior senator, Mitch McConnell (R-KY).

Most of the overflow crowd of 80 ODs had taken time off from their practices during their busiest month of the year and traveled across the state for a chance to speak with Sen. McConnell and join in the presentation of the AOA's Health Care Leadership Award.

Sen. McConnell, now serving in his fourth term, was first elected to the U.S. Senate in 1984.

The event for Sen. McConnell's re-election campaign was the most successful optometry-only fundraiser ever for a federal candidate.

"Our goal was to demonstrate to one of the most powerful men

in Washington just how determined we are to fight for our profession and our patients," said AOA Trustee Joe Ellis, O.D., a co-host for the event. "I've never been more proud of my colleagues for coming together for the cause of optometry."

Sen. McConnell, who is widely expected to succeed Sen. Bill Frist, MD (R-TN), as the top Republican in the U.S. Senate in 2007, acknowledged the specific public policy concerns of optometrists and praised the role of optometry in addressing the eye care needs of Kentuckians.

His remarks also covered the implementation of the 2003 Medicare Modernization Act, the outlook for health care legislation as well as tax issues and foreign policy concerns.

Sen. McConnell also acknowledged the breakthrough passage in the Senate on July 30 of S. 172, an AOA-backed bill aimed at completely



Presenting AOA's Health Care Leadership Award to Sen. Mitch McConnell (R-KY, third from left) are, from left, KOA Executive Director Eakin, AOA Washington Office Director Jon Hymes, and AOA Trustee Joe Ellis, O.D.

closing down a Federal loophole that has allowed dangerous decorative contact lenses to be widely available to consumers, even through flea markets and Internet sales.

Dr. Ellis, Kentucky Optometric Association President Mark Nordin, O.D., and KOA Executive Director Darlene Eakin provided Sen. McConnell with a briefing on Medicare issues, including ongoing AOA efforts to gain inclusion in managed

care plans that discriminate against optometry.

Sen. McConnell was also told about the positive impact of Kentucky's first-in-the-nation comprehensive children's eye exam initiative and InfantSEE™.

"I'm proud to have been a part of what was truly a great day for optometry," added Dr. Nordin, a co-host for the event. "This type of unity and strength will provide our federal and state advocacy efforts with new momentum."



NEI Director Paul A. Sieving, M.D.

Open Meetings, *from page 1*

from scientific and health care research," said Richard L. Wallingford, O.D., AOA president. "The AOA will continue to work closely with ASCO to ensure that ophthalmology's ban is eliminated and that optometrists are not hindered in any way from participating in eye and vision research supported by NEI or any other government agency."

Larry Davis, O.D., president of ASCO added, "Access to NEI staff and the latest information is essential to

the long-term success of optometric researchers. It is critical that we maintain an open exchange of information that has the potential to improve eye and vision care."

According to the AOA Advocacy Group, Dr. Sieving's statement isn't the first time NEI has expressed concern about ophthalmology's closed meeting scheme. In September 2004, then-AOA President Wes Pittman, O.D., alerted Dr. Sieving to the ban on optometrists attending the American

Association of Pediatric Ophthalmology and Strabismus (AAPOS).

Dr. Sieving then contacted the AAPOS President Susan Day, M.D., asking that the "AAPOS Board of Directors reconsider its blanket prohibition and enable participation by optometrists in those sessions of the annual meeting specifically geared toward presentations and discussions of research in which they play such a vital role."

According to NEI officials, as of late July 2005, Dr. Day did not

respond to Dr. Sieving on this issue, though their ban remains in effect.

"In the past decade, optometry has made significant contributions through patient-based research funded by the National Eye Institute. These contributions have come about, in no small part, because of open and collegial relationships between optometric and ophthalmologic colleagues," noted Karla Zadnik, O.D., Ph.D., chair of the AOA's Council on Research.

Essilor

Total Individual Net Income by Years in Practice, 2004

Years in Practice	Mean Net Income	Median Net Income
6 to 10	\$ 131,667	\$ 121,500
11 to 15	\$ 125,042	\$ 102,000
16 to 20	\$ 127,586	\$ 105,500
21 to 25	\$ 151,411	\$ 120,000
26 to 30	\$ 161,167	\$ 129,000
31 to 35	\$ 107,205	\$ 96,000
36 to 40	\$ 120,400	\$ 102,000
41 or more	\$ 68,083	\$ 55,000

Total Individual Net Income by Practice Type, 2004

	Mean Net Income	Median Net Income
Self-Employed		
Solo	\$ 122,697	\$ 110,000
Partnership or group (2-person)	\$ 145,206	\$ 136,000
Partnership or group (3-5 person)	\$ 242,794	\$ 184,500
Partnership or group (6 or more)	\$ 161,800	\$ 150,000
Optical chain franchise or lease	\$ 120,875	\$ 95,000
Independent contractor	\$ 106,083	\$ 94,000
Other self-employed	\$ 107,667	\$ 85,000
Employed By		
Optometrist(s)	\$ 69,167	\$ 67,500
Ophthalmologist(s)	\$ 113,294	\$ 86,000
HMO	\$ 86,333	\$ 87,000
Hosp/clinic/other multi-disciplin.	\$ 129,444	\$ 110,000
Optical chain	\$ 85,000	\$ 85,000
Armed forces, VA, USPHS	\$ 113,000	\$ 113,000

Income, from page 1

suggests the “top five percent” of the nation’s practices are achieving markedly better performance than the typical optometric practice, Dr. Edlow said.

Optometrists in group practices with three-to-five practitioners have the highest median net income, \$184,500, Dr. Edlow notes.

That is significantly higher than the \$136,000 median net income reported by practitioners in the typical two-optometrist practice as well as significantly higher than the median \$150,000 net income reported by those in larger practices with six or more optometrists, he observed.

“It suggests that practices with three-to-five optometrists best take advantage of the economies of scale,” Dr. Edlow said.

Median net income for solo practitioners was \$100,000 last year, according to the survey.

The top five percent (95th percentile) of optometric practices now perform 6,210 eye examinations a year (complete and “other” exams), compared with a median of 3,050 for all AOA member practices, Dr. Edlow notes.

Some optometrists simply like to practice at a more relaxed pace, Dr. Edlow acknowledges.

However, the survey results also suggest some practices may also be operating more efficiently and are therefore able to see more patients, he maintains.

The top five percent of practices generally have around 16 full time equivalent (FTE) employees compared with 5.5 FTE employees in the typical practice, the survey finds.

See Income, page 9

Income, from page 8

Of those 16 FTE employees, nine will generally be clinical staff, suggesting optometrists in the most successful practices are relying more on staff to provide pre-testing and related functions in order to provide care efficiently, Dr. Edlow said.

The nation's top practices now require around a half dozen staff members in the dispensary alone, the survey finds.

The 2005 AOA Economic Survey suggests that the size of the non-optometric staff in the typical practice has steadied over the past half dozen years. However, the survey finds optometrists are paying those staff members better.

Expenses for non-OD wages continued to increase, reaching 18.1 percent of total practice revenues last year—up from 17.3 percent in 2002 and 15.3 percent in 1998. "Some people might look at that and simply say your expenses are increasing. It may reflect that optometrists are hiring better practice staff," Dr. Edlow said.

Optometrists continue to see their peak earnings after being in practice 20 to 30 years, the survey finds. For optometrists in practice 21 to 25 years, the survey found median net income to be \$120,000. Median net income for optometrists in practice 26 to 30 years is \$129,000, the survey found.

"If I were a young optometrist attempting to plan a career, I might look at becoming part of a practice with three to five practitioners and plan on realizing my greatest earnings 20 to 30 years into practice, Dr. Edlow said.

The survey finds Medicare now represents 30 percent of the

revenue in the typical optometric practice. Nearly 20 years ago, optometrists were not even providers in the

Medicare program, Dr. Edlow noted.

AOA members can download copies of National Highlights –

2005 AOA Economic Survey by logging onto the Member Resources page of the AOA Web site (www.aoa.org).

Expenses for non-OD wages continued to increase "Some people might look at that and simply say your expenses are increasing. It may reflect that optometrists are hiring better practice staff," Dr. Edlow said.

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DJ 171

J&J training capacity expands with Sullins Theatre, global centers

The Vision Care Institute™ of Johnson & Johnson Vision Care, Inc. (TVCI), Aug. 15 announced an expansion of its Jacksonville facility that will allow TVCI to reach a broader audience of students and eye care professionals at that facility and locations worldwide.

The centerpiece of the expansion is the Sullins Training Theatre, named in honor of Navy Rear Admiral W. David Sullins, Jr., O.D.

Dr. Sullins, the first optometrist to attain the military rank of Rear Admiral, and former AOA president, was the driving force behind the creation of InfantSEE™. He died of cancer Feb. 6.

In the Sullins Theatre up to 105 people can view what is happening in any of six technologically

advanced examination rooms on a large projection screen.

Currently, Johnson & Johnson Vision Care, Inc., is providing three days of education to students at schools and colleges of optometry. Since TVCI opened last year, more than 1,000 students from all 19 schools and colleges of optometry have participated in its hands-on curriculum.

The curriculum is intended to provide participants the skills necessary to meet patient needs and prepare for successful practice.

The new theatre also provides an environment for long distance learning by video-conference or satellite transmission, opening the door for remote lectures and demonstrations from around the world.

As the Theatre was



In an inaugural presentation in the Sullins Training Theatre, Howard Purcell, O.D., at the podium, describes the tests taking place in an exam room at The Vision Care Institute. The testing is part of an InfantSEE™ assessment being performed by Andrew Emch, a second year optometry student at The Ohio State University, College of Optometry. Emch has been interning with TVCI for the summer and assessed the vision of Michael Dean, whose mother is Stacey Wenk, a Vistakon employee.

opening, Phil Keefer, president of The Vision Care Institute, was in Asia, assisting in the opening of TVCI centers in Shanghai, Seoul, Taipei, Beijing and other centers.

"Our responsibility is to go out and help develop the profession," said Howard Purcell, O.D., senior director, The Vision Care Institute. "Our goal is to create a global network of Vision Care Institutes which will provide greater levels of knowledge and awareness of eye care around the world."

Four additional instructional areas were also named:

- ❖ The Armstrong Conference Room, named after Dr. Mollie Wright Armstrong, who was among the first female optometrists in the United States.
- ❖ The Mertz Conference Room honors Dr. George Mertz, a 2003 inductee in the Optometry Hall of Fame. Dr. Mertz worked in professional education programs in the contact lens industry for more than 25 years and was director of Academic Affairs for VISTAKON®, a division of Johnson & Johnson

Vision Care, Inc.

❖ The Ingraham Conference Room is named in honor of Dr. Terrance "Terry" Ingraham, a gifted clinician, researcher, teacher, administrator and volunteer.

❖ The Frontier Conference Room was named for Frontier Contact Lenses, a small contact lens company in downtown Jacksonville, FL. The company was established by Dr. Seymour Marco, whose focus on customer service and manufacturing excellence drew the attention of Johnson & Johnson. In 1981 the company purchased Frontier Contact Lenses and renamed it Vistakon.

"This expansion will allow us to meet the ever-increasing need for training, while helping us provide a broad range of topics to a wider audience," said Dr. Purcell. "Optometry is a continuously evolving science and we hope to equip eye care professionals with the knowledge and experience necessary to meet the growing patient demands."

The Vision Care Institute™ opened in March 2004.



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CONGRESS 2005

New law will encourage medical error reporting

New federal patient safety legislation has been enacted to create a voluntary reporting system for medical errors, according to the AOA Advocacy Group.

The Patient Safety and Quality Improvement Act of 2005, signed by President George W. Bush July 29, is intended to allow researchers to analyze the data on medical errors and develop measures to prevent the recurrence of errors.

The legislation began to take shape in Congress in 1999 when an Institute of Medicine study showed that as many as 98,000 Americans die each year as a result of medical errors. The president and supporters of the bill in Congress see the voluntary reporting system as a way to create a national database of medical errors, the confidential data from which would be used to develop "best practices" for reducing errors and improving patient care.

While targeted primarily to large health care institutions and medical doctors, the new legislation covers all health care practitioners including optometrists, the AOA Advocacy Group notes.

Optometrists will need to be familiar with the voluntary reporting system the legislation will establish, AOA Advocacy Group adds. AOA Advocacy Group staff will closely monitor how and when the U.S. Department of Health and Human Services plans to implement the law.

"Preventing these occurrences represents one of the greatest challenges to health care," the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

assessed in a statement hailing the new legislation.

In the past, evaluative information about the underlying causes of adverse events was not always considered confidential or protected from lawsuits, JCAHO notes.

The Institute of

Medicine believes that potential liability has been "driving errors underground" and slowing progress in improving patient safety, the JCAHO statement notes.

The new act is intended to provide health care providers the same types of legal

protections long available to airline pilots and air traffic controllers.

The Patient Safety and Quality Improvement Act of 2005 provides full federal privilege to patient safety information that is transmitted to a "patient safety organization."

Why HMI?



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CDC selects ODs for diabetes health, research course

Four optometrists will be among an elite group of 30 nationally prominent health care figures selected by the Centers for Disease Control and Prevention's (CDC) Division of Diabetes Translation (DDT) to attend a five-day course on "Diabetes Public Health and Research."

This course will be held in Atlanta, GA, Oct. 17-21, 2005.

The optometrists selected are Lynn Cyert,

O.D., Ph.D., NSU College of Optometry; Christine Harden, O.D., University of Houston, College of Optometry; Edwin Marshall, O.D., MPH, Indiana University, College of Optometry; and Joan Stelmack, O.D., MPH, Hines VA Hospital.

The optometrists were selected through a competitive process from applicants representing a wide spectrum of health care professions.

The course will pro-

vide training in diabetes epidemiology and public health as well as applied research including translation, economics, social and behavioral research, community interventions and programs.

The course is intended to foster the creation of a national and international network of collaborators in diabetes translation, research, and economics, according to CDC.

The CDC faculty will help students

develop specific skills in diabetes public health and translation research.

"Participants will be introduced to the standardized measurement(s) of the public health burden of diabetes, and to the rationale, concepts, and methods used in translation research, health economics, social and behavioral research, and community-based interventions and programs," according to CDC.

'Mega meeting' deadline extended

Patient access to care issues, "reactive" and "proactive" approaches to legislative attacks by medicine, and old fashioned grassroots organizing will be prominent on the agenda for the first AOA Advocacy Group Conference, Oct. 6-9 in St. Louis.

The first-of-its-kind AOA Advocacy "Mega Meeting" is designed to address a broad spectrum of legislative and policy issues facing optometry at both the state and federal levels in a comprehensive and coordinated fashion, according to Jon Hymes, AOA Advocacy Group director.

All AOA Advocacy Group centers and committees—including the AOA State Government Relations Center, AOA Federal Relations Committee, AOA Eye Care Benefits Center (AOA-ECBC), AOA Healthy Eyes Healthy People™ Committee, AOA Professional Relations Committee, and AOA Political Action Committee (AOA-PAC)—are expected to take part in the conference along with a minimum of four representatives from each AOA affiliated state optometric association.

The presidents,

presidents-elect, executive directors, legislative chairs, and Healthy Eyes Healthy People™ coordinators of all affiliated optometric associations are being asked to attend, along with affiliate members who have an interest in the specific subject areas to be targeted at the conference.

This year's fourth annual Healthy Eyes Healthy People™ Conference will be held in conjunction with the advocacy conference. Registration fees are being held to a minimum to encourage attendance by "multiple volunteers with a special interest in one or more of the conference topics," Hymes said.

Arrival and registration at St. Louis's Renaissance Grand Hotel are scheduled for Thursday, Oct. 6.

The Healthy Eyes Healthy People™ conference is to be held that day, 2 p.m. to 6 p.m. (with attendance required for Healthy Eyes Healthy People™ coordinators and encouraged for all other AOA Advocacy Group Conference attendees).

The AOA Advocacy Group Conference will take place, Friday, Oct. 7 and Saturday, Oct. 8, 8 a.m.- 5 p.m. Departures are scheduled for Sunday, Oct. 9.

The conference registration deadline is extended to Sept. 16, although the AOA conference rate may not be available.

Registration forms for the Advocacy Group Conference are available at the AOA Web site, www.aoa.org.

For additional information, contact Charlene Datig at (800) 678-9262, or via e-mail at cdatig@aoa.org.

"The goal of the

meeting is to share information and provide potential solutions for addressing serious state and federal legislative issues, trends in the eye care market place, and health policy issues using all the entities within the Advocacy Group," Hymes said.

Issues to be covered during the conference were determined by a survey of state optometric associations last month.



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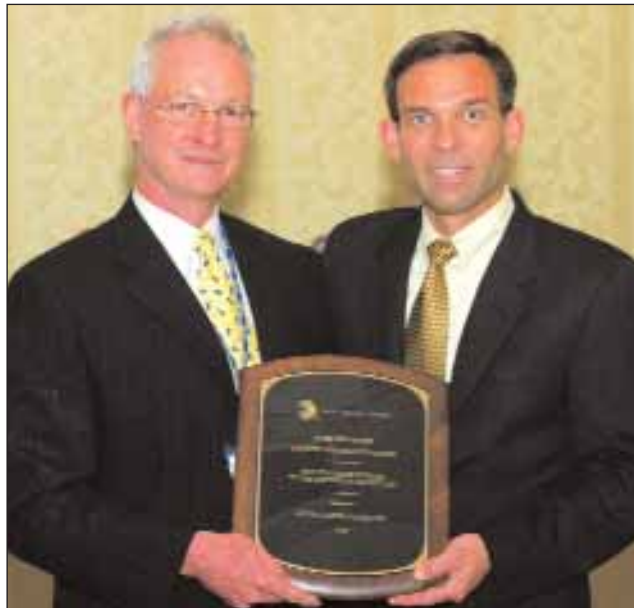


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AOA Sports Vision Section chair Jack Gardner, O.D., left, presents the Industry Appreciation Award to Dave Sattler, director of Professional Relations for Alcon.



Sports Vision Section honors Hitzeman, Alcon

Recipients of the 2005 AOA Sports Vision Section (SVS) Awards were honored at an awards presentation held during the 2005 Optometry's Meeting™ in Dallas, TX on June 25.

Steven Hitzeman, O.D., received the SVS



Steven Hitzeman, O.D.

Optometrist of the Year Award. This award is given each year in recognition of outstanding contributions to the field of sports vision and/or the Sports Vision Section.

Dr. Hitzeman served as SVS chair from 2000-2002. He continues to contribute his talents and leadership to the SVS as chair of the Sports Vision University Project Team and as co-chair of the

SVS Junior Olympics Sports Vision Evaluation program. He also serves on the AOA Clinical Care Group's Eye Safety Project Team and as the vice president of the Indiana Optometric Association.

He is a clinical associate professor at the Indiana University School of Optometry (IUSO). Dr. Hitzeman is also the director of IUSO's clinics, extern rotation program, residencies, and sports vision program.

Alcon received the SVS Industry Appreciation Award in recognition of their generous support of sports vision and the SVS, namely as sponsor of the section's new Sports Vision University education program for students and of the SVS Eye Emergency Kit for Athletes program.

The award was accepted by Dave Sattler, Alcon Director of Professional Relations.

For information or to join the SVS, contact (800) 365-2219, ext. 107 or ext. 224, e-mail SVS@aoa.org, or download an application at <http://www.aoa.org/x1004.xml>.

VOSH tsunami relief mission to serve 2,000

Volunteer Optometric Services to Humanity (VOSH) International has finalized plans for a 16-day eye and vision care mission to tsunami-struck regions of southern India, Oct. 21 through Nov. 6, according to VOSH International Immediate Past-President Dale Cole, O.D., who is co-directing the mission with Hare Patnaik, VOSH/International Asia/Pacific consultant.

A VOSH team of 10 optometrists, an optician, and 10 ancillary personnel will provide eye care to tsunami victims through five clinics in the coastal areas around Machilipatnam in the Andhra Pradesh (AP) region of India, during the first week of the mission.

The team hopes to have assistance from three volunteer optometrists from the West African nation of Ghana. Volunteer medical staff from India will also work side by side with the U.S. VOSH volunteers.

In conjunction with the mission, cataract surgeries will be offered at the RR Lions Hospital in Palakol, AP. Hospital CEO K.V.R.Krishnaji, M.D., has played a major role in arranging the VOSH mission to the Andhra Pradesh region as well the cataract surgeries at his hospital.

VOSH mission volunteers anticipate serving over 2,000 patients during just the first segment of the mission.

Volunteers will be hosted by Lions and Rotary Clubs.

During the final seven days of the mission, several members of the U.S. VOSH team, Indian optometrists, and medical staff from the Arvind and Shankar Netralalya Hospitals volunteers will provide care at several clinic locations in India's Chennai region around the town of Nagapatnam.

While in the area, Dr. Cole and Mr. Patnaik will visit the LV Prasad Eye Institute, Lotus Eye Institute, Bharatiya Vidyapeeth in Pune, and Aditya Jyoti Institute in Mumbai to determine how VOSH/International might better serve the people of India.

Financial support is still being sought to underwrite costs for cataract surgeries and, possibly, eye-wear during the mission.


"We will be taking a large number of glasses, but there is the possibility of experiencing a significant surcharge going through customs. If that happens, we will likely turn to the local economy to have the glasses made," Dr. Cole said.

Frames for the mission have been donated by Spectera with Lions Club providing recycled lenses. Alcon, Allergan, Merck and Blessing Pharmaceutical have donated eye medications and artificial tears. Lions Clubs of India will cover part of the local travel and housing expenses for the VOSH tsunami team.

Several individuals have also provided financial support, including several team members who were forced to cancel due to schedule conflicts, Dr. Cole said.

Anyone wishing to make financial contributions to this mission may do so by sending donations to VOSH/International Secretary Charles Covington, 111 Linda Lane, Lake Mary, FL 32746 with a note on the memo line of the check indicating "Tsunami Fund".

These donations will be applied specifically toward the purchase of glasses made locally and to pay for cataract surgeries.



"VisionWeb *Essential* is an important member of our practice. It enables us to spend more time with our patients."

-Cindy Reed and Cindy Weiner
Opticians with Ricart & Vilella EyeCare Practice



Focus on Patients, Not Paperwork

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ARBO names board, officers, ED retires



The Association of Regulatory Boards of Optometry (ARBO) held its 86th Annual Meeting on June 19-21, 2005, at the Gaylord Texan in Dallas. ARBO is the international association of boards which regulate the practice of optometry for the public welfare.

The 2005-06 ARBO Board of Directors (left to right): Dr. Robert Smalling, President; Dr. Robert Easton, Vice President; Dr. Christine Sorenson, Secretary-Treasurer; Dr. Janet Carter, Immediate Past President; Dr. Steven H. Eyler; Dr. Donovan L. Crouch; Dr. Russell W. Jones; Dr. Roger R. Seelye; and William B. Rafferty and Dr. Robert Sorrell.

Below, Tom Eichhorst, J.D., who retired as executive director of ARBO last month, receives Honorary Membership in the Canadian Association of Optometrists from Scott Mundle, O.D., past president of the CAO. Eichhorst is only the second non-Canadian to receive honorary CAO membership. Past AOA Executive Director Earle Hunter, O.D., was the first.

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Conference: September 14-17, 2005
Exhibit Hall: September 15-17, 2005
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Las Vegas, Nevada



Tom Eichhorst, J.D., right, receives Honorary Membership in the Canadian Association of Optometrists from Scott Mundle, O.D., past president of the CAO.

Electronic Medicare fee-for-service claims must be HIPAA-compliant, Oct. 1

Health care providers will be required to file all electronic Medicare fee-for-service claims in the format stipulated under the federal Health Insurance Portability and Accountability Act (HIPAA) beginning Oct. 1, according to the U.S. Centers for Medicare and Medicaid Services (CMS).

CMS announced last month it is ending part of a contingency plan that, for the past two years, has allowed health care providers the option of filing Medicare fee-for-service claims that do not meet the standards set under HIPAA's Transactions and Code Sets regulation.

"Non-compliant claims submitted to Medicare on or after Oct. 1, 2005 will be rejected and returned to the provider," the CMS statement emphasized. "To assure that your claims are processed timely and that your cash flow is not interrupted, be sure to submit HIPAA-compliant claims as of Oct. 1."

Under the law, health-related electronic transactions were supposed to be conducted in HIPAA-compliant formats no later than Oct. 16, 2003.

However, many Medicare carriers and fiscal intermediaries were not prepared to process claims in the HIPAA-required format by that deadline, CMS noted. Moreover, many health care practitioners and billing services did not yet have the software required to file HIPAA-compliant claims.

The contingency plan, announced by CMS in July 2003, allowed Medicare carri-

ers to continue processing "legacy" claims while billing and claims-processing systems were brought into compliance with the act. The agency noted at the time that health care providers should continue to make "good faith" efforts to bring their office software systems into compliance with the HIPAA regulation.

Only about 31 percent of Medicare claims were HIPAA-compliant at the time of the original compliance deadline. By June of this year, some 99 percent of all electronic claims submitted to Medicare were in a HIPAA-compliant format, the agency noted.

As of June 2005 only about 0.5 percent of Medicare fee-for-service providers submitted non-HIPAA-compliant electronic claims.

As of May, only 0.45 percent of electronic Medicare fee-for-service claims from physicians were non-HIPAA compliant. Only 1.45 percent of claims from hospitals were non-compliant. The highest rate of non-complaint claims as of May was from clinical laboratories, 1.72 percent.

"The high percentage among all provider types and sizes shows that everyone can become compliant. Ending the contingency plan for non-compliant Medicare claims makes sense," says Mark B. McClellan, M.D., CMS administrator. "We'll be working with the non-compliant providers between now and October 1 with the goal of getting as close to 100 percent as possible before then."

Medicare will continue to accept and pay non-HIPAA compliant

electronic claims through the end of September, CMS notes.

However, "(t)his process changes as of October 1, 2005, when claims that do not meet standards required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) will be returned to the filer for re-submission as compliant claims. Non-compliant claims will not be processed," the agency emphasized.

The HIPAA Transactions and Code Sets regulation (also known as the HIPAA Electronic Data Interchange or "EDI" rule) requires electronic health care-related transactions be conducted using standard software formats developed by American National Standards Institute (ANSI).

The formats stipulate the information (such as patient name, address, etc.) that can be entered in the various fields in the software for a given transaction.

CMS plans for the moment to keep in place its contingency plans for electronic health care transactions other than fee-for-service claims. However, the agency expects to end the contingency plans for these transactions in the near future.

The remittance advice transaction is the next HIPAA transaction for which CMS expects to end its contingency plan.

HIPAA requires the Secretary of Health and Human Services to adopt standards for health care claims and other financial and administrative transactions used by the health-care industry.

When fully implemented, the HIPAA

standards are expected to streamline the processing of health care claims, reduce the volume of paper work, provide better service for providers, insurers and patients, and cut costs.

"The submission of HIPAA-compliant claims begins the streamlining process since it allows the same software to be used to generate identical claims for all payers using standard formats and coding.

"The use of all the HIPAA transactions will allow interoperability among payers and providers for health care administration," CMS said.

At CMS's urging, many private insurance plans also adopted contingency plans to allow the filing of non-HIPAA compliant claims.

However, last month's CMS announcement made no reference to private insurance plans and AOA News, by its press deadline, had received no statements from private insurers regarding the future of their HIPAA contingency plans.

A spokesperson for VisionWeb, a leading Internet service for eye care practitioners, noted the company's VisionWeb Enhanced online claims processing service is HIPAA compliant and practitioners can ensure HIPAA-compliant Medicare claims processing by using the service.

Health care practitioners still needing assistance with HIPAA EDI compliance can find guidance by logging onto the HIPAA page of the CMS Web site (www.cms.hhs.gov/hipaa/hipaa2) and clicking on "Transactions and Code Sets Standards."

Only about 31 percent of Medicare claims were HIPAA-compliant at the time of the original compliance deadline. By June of this year, some 99 percent of all electronic claims submitted to Medicare were in a HIPAA-compliant format.



Industry News



Persol gets embellishments

Persol, a brand favored by celebrities worldwide, introduces the new "Stardust" collection. Jewelry for the face, the "Stardust" collection combines sophisticated details with elegant, feminine lines. Modern decorative elements, like studs and crystals, adorn the two sun styles in this sunwear collection. This is the first time since its inception that Persol has offered frames with decorative embellishments. Shown is Persol style PO 2784SM.

Gulden introduces new line of prism products

Gulden Ophthalmics now provides a new line of prism products that claim to provide significant advantages in the diagnosis, correction, and prescribing of therapy for low visual acuity.

According to the company, the optical performance of standard ophthalmic prisms deteriorates drastically with increasing powers – an effect that is easily recognized through degradation of acuity and contrast sensitivity. As prism power increases, the problem becomes more pronounced. A new class of prisms called ComPrisms™ solves this problem. ComPrisms were developed with the help of a grant from the National Eye Institute (NEI). The composite design of ComPrisms contains optical components that act as corrective elements when used with a prism.

The new Correct-a-Prizm™ from Gulden "offers a convenient way to convert existing prisms to ComPrisms" and Gulden's Correct-a-Prizmbar™ "offers a convenient way to convert a standard prism bar into a ComPrism bar."

According to the company, both are inexpensive means to obtain the performance of ComPrisms over a wide range of existing prism powers. With Correct-a-Prizm, the practitioner simply inserts a 37-mm square prism in the unit and the combination is now a ComPrism. The combined unit can then be used as a standard prism. Correct-a-Prizmbar™ easily attaches to any standard prism bar without tools and can be used to dramatically improve the performance of an existing prism bar by converting the prism segments to ComPrisms.

Correct-a-Prizm and Correct-a-Prizmbar significantly improve the optical performance of standard prisms and prism bars; visual acuity improvement of 2 to 4



Gulden says viewing eye charts through new Correct-a-Prizm and Correct-a-Prizmbar significantly reduces chromatic aberration seen by a patient, improving his or her ability to discern charts resulting in more accurate examination and diagnosis. Left view is without ComPrizm; right view is with ComPrizm.

Court denies motion to halt launch of Oasys

A United States district court in Jacksonville on Aug. 18 denied a motion by CIBA Vision for a temporary restraining order to halt the launch of Acuvue® Oasys™ Brand Contact Lenses. New Acuvue Oasys with Hydraclear™ Plus became available in the offices of eye care professionals throughout the United States last month.

"Acuvue Oasys with Hydraclear™ Plus is a breakthrough for contact lens wearers when their eyes feel tired and dry in challenging environments, such as long hours of computer use, frequent ground or air travel, or everyday exposure to heated or air conditioned surroundings," said J. Pat Cummings, O.D., vice president, professional affairs, Vistakon. "It is the first daily wear contact lens made from senofilcon A, a new silicone hydrogel material that is 50 percent smoother than currently available silicone hydrogel lenses."

In addition to its smooth feel, the new lens also features an improved formulation of the unique Hydraclear technology that combines high performance base materials with a moisture-rich wetting agent. Acuvue Oasys block greater than 96 percent of UVA rays and 99 percent of UVB rays, meeting the highest UV-blocking standards for contact lenses. For further information, call (800)-843-2020 or visit www.ecp.acuvue.com.



Restasis meeting

Visiting AOA Headquarters in St. Louis last month, Industry Relations Committee member Kirk Smick, O.D., (left) met with Paul C. Huff, Allergan product manager for Restasis at Allergan and Jaimie Morgan of Pacific Communications.

Snellen lines can be realized, depending on prism power. More improvement is observed for higher prism powers.

For information, contact Gulden Ophthalmics, at (215) 884-8105, online at www.guldenindustries.com or email: info@guldenindustries.com

VSP funds vision teaching

VSP has teamed with the National Science Teachers Association (NSTA) to sponsor a national award called the VSP Science of Vision Award. The purpose of the award is to encourage the teaching of eye health and vision nationally in K-8 science classrooms.

Through efforts like the science award, VSP aims to help raise awareness of the importance of vision and the need for regular eye care. Winning programs will also serve as models for other educators to duplicate in their classroom.

The \$5,500 award will be distributed between the winning school and science teacher at the annual NSTA Awards Banquet in April 2006. The school's portion of the award is to be used exclusively for the study, teaching and learning of eye vision and health.

VSP encourages doctors to make patients and school contacts aware of the award. For more information, visit www.getfocusedamerica.com.

Optos in strategic alliance with Eyemaginations

On Aug. 18, Optos, Inc. announced a strategic alliance with interactive design and multimedia firm, Eyemaginations, Inc. This partnership will enable Optos and Eyemaginations to capitalize on the strengths of both companies in order to deliver superior eye care patient education materials.

"Eyemaginations is a good partner for Optos as both companies are focused on patient education," said Ian Stevens, general manager of Optos North America. "Eyemaginations' creative expertise will help us illustrate important information about the retina and the role our instrument, the Optomap® Retinal Exam, plays in primary eye care."

The first project Eyemaginations and Optos have worked on is an educational, animated video explaining the Optomap Retinal Exam which will be incorporated into the Eyemaginations software, the 3D-Eye Office.

"The educational animation we created to explain the Optomap Retinal Exam is an excellent vehicle to showcase the appeal that our products have for patients," said Jeff Peres, chief operating officer of Eyemaginations. "Our custom-made animations assist doctors and their staff in explaining and clarifying procedures to patients and educating them about key components of their ocular health."

Steven Sopher, O.D., founder and chief executive officer of Eyemaginations said the Optomap animation is especially helpful because it dissects the Optos technology in a non-intimidating, informative format.

"The Optomap Retinal Exam is a unique technology. The 3-dimensional video allows patients to see the benefits of the Optomap and its importance in protecting retinal health so they can make informed decisions regarding their eye health."

www.Optos.com.

Industry Profile: Signet Armorlite

By Edward P. DeRosa, SA Vice President

Our company has grown rapidly in recent years. That growth came along at the same time that we decided to focus our energies on the needs of the optometric community. It's not a coincidence.

We believe that the whole optical industry needs strong, independent optometry. You make the entire vision care profession stronger.

Our products are a good fit with private practice optometry. You're at the center of our dedication to eye care because you provide the best eye care. That's where we come in. By developing innovative products to suit your special needs, we benefit, too.

At the heart of our success is KODAK Precise™ Progressive. Its binocular balance and ultra-smooth power progression provide many of the advantages of single vision eyewear. Wearers experience visual clarity through broader sections of their lenses, more natural-feeling eye movement and less peripheral distortion.

We're also pleased with the rapid acceptance of new KODAK InstaShades™ Lens, the fastest photochromic. It changes from dark to clear faster than the leading photochromic, and goes from light to dark in the sun extremely fast, also.

We're accelerating our product development. Our product innovation is driven largely by our Optometry Advisory Board. Our R&D plans include further expansion of the KODAK InstaShades Lens line. Also, to address the needs of patients in the office environment, SA has a new near-variable-focus lens concept in development.

We're still the #1 contributor to optometry. We remain the single largest contributor, on a percentage basis, to optometry. SA devotes energy and funding where they belong—in doctors' offices.

We're platinum level AOA sponsors. We sponsor Optometry's Meeting™ Presidential Celebration, the Optometry 2020™ Summit, and the AOA membership video, "What's In It For Me."

Since 1998, SA has provided over 18 million dollars to 4,000 member practices through PracticePlus. Members can utilize those funds any way they wish to promote a stronger practice.

PracticePlus Sweepstakes to award \$500,000.

Beginning February, 2006, we will award \$75,000 cash each month to participating PracticePlus members who dispense any KODAK Progressives and are the lucky winners in our monthly drawing. Then, at Optometry's Meeting™ in Las Vegas, one lucky participating PracticePlus member will win two 2006 Chevrolet Corvettes.

There's another reason to join PracticePlus. We've developed a non-dues funding program that allows state optometric associations to receive substantial financial support just by participating in PracticePlus and dispensing KODAK Progressives.

We're grateful for the enduring strength of the Kodak brand. We're also grateful for our rewarding relationships within the optometric community. We remain, now and in years ahead, unwavering in our support of optometry.

Industry Profile is a regular feature in AOA News allowing members of the Ophthalmic Council to express themselves on issues and products they consider important to the members of AOA.



Advanced Medical Optics
Alcon
Allergan
Bausch & Lomb
CIBA Vision Corporation
CooperVision
Essilor of America
HOYA Vision Care
Luxottica Group
Marchon Eyewear
Optos
Signet Armorlite
TLC Vision Corporation
Transitions Optical
Vision Service Plan
VisionWeb
Vistakon, division of Johnson & Johnson Vision Care

Industry Profile: Optos

Optos is a leading provider of innovative solutions for comprehensive retinal evaluation, enabling practitioners to more effectively detect, monitor and promote patient health. Its primary product, the Optomap® Retinal Exam, is an integral first step in the clinical evaluation of every patient annually.

The Optomap noninvasively generates an instantaneous, ultra-widefield digital scan of the retina, revealing important information for the comprehensive evaluation of systemic and ocular health. In doing so, it can improve clinical care, patient satisfaction and practice efficiency.

Optos was founded by Douglas Anderson after his young son was left blind in one eye when a retinal detachment went undetected. Anderson sought a way to prevent this from happening to others. He and his team of engineers set out to create a method of examining the retina that would be comprehensive yet patient and physician friendly. This work resulted in the development of the Optomap.

With the Optomap clinicians can view up to a 200 internal degree scan of the retina at one time and in correct orientation. Its unique dual scanning laser system and Virtual Point™ technology provides important diagnostic information and enables review of the individual retinal substructures.

Once the Optomap scan is captured, practitioners use the proprietary Review software to manipulate magnification, brightness and contrast functionality to enhance the fine details of each scan. In addition to measurement and annotation tools, the software also facilitates communication with colleagues and third parties by allowing Optomaps to be imported, exported or e-mailed.

Perhaps best of all, the Optomap is reviewed interactively by the doctor with the patient facilitating patient education as well as promoting patient compliance and loyalty. Optos provides not only a unique hardware and software platform, but also a special business partnership model that increases patient throughput and practice income. The Optomap Retinal Exam delivers a new revenue stream to the practice by adding wellness high-tech eye scans to the practice's services.

Optos is dedicated to promoting practice growth. As a stakeholder in their partner's success, Optos provides a wealth of technical, educational and marketing resources including on-site staff and physician training, best practices protocols, patient education materials, public relations and community outreach programs, on-going education through its Optos Academy programs as well as continued maintenance and help-desk support to ensure the Optomap hardware and software is fully operational at all times.

With over 1,800 practice locations in North America and over 10,000 Optomaps performed daily, the Optomap Retinal Exam is emerging as a commonly accepted industry standard.

Optos North America (www.Optos.com), the wholly-owned subsidiary of Optos plc, is headquartered in Marlborough, MA. Optos plc and the company's development center are located in Dunfermline, Scotland.

Industry Profile is a regular feature in AOA News allowing members of the Ophthalmic Council to express themselves on issues and products they consider important to the members of AOA.

Industry News

B&L goes to multimedia for PureVision

Bausch & Lomb launched a national multi-media consumer advertising campaign for its PureVision™ soft contact lens starting Aug. 8. Among other elements, this campaign comprises a 30-second ad that will air on network and cable TV stations.

"Our nationwide TV campaign is designed to raise consumer awareness about the benefits of PureVision soft contact lenses, which provide exceptional visual quality, comfort and health," says Jeffrey Nardoci, Bausch & Lomb vice president, marketing for contact lenses and OTC products. "We also encourage current and potential contact lens wearers to visit www.purevision.com to learn more about eye health in general as well as encourage them to visit their eye care professional."

In addition to comfort and health benefits, the PureVision soft contact lens is designed to correct nearsightedness and farsightedness and also reduce spherical aberration.

Essilor offers suite of sunwear options

Essilor Laboratories of America (ELOA) are offering four premium prescription sunwear choices to help protect the eyes from harmful ultraviolet rays. The new products complete a suite of sunwear offerings that now includes PhysioTints™, Flashback™ Mirrors, 1.67 Tints and Solaire™, available nationwide now.

"Eye care professionals are now able to offer a spectrum of premium sunwear products that meet their customers' needs and demands, whether that is availability on a variety of lens materials or lens options that reflect current styles and fashion trends," said John Carrier, president of Essilor Laboratories of America. "With new products like PhysioTints and Flashback Mirrors, revolutionary processes were developed to fix problems that prescription sunwear have had in the past, such as quality and durability."

In a recent eye care professional survey, participants rated the need of having a prescription tinted polycarbonate lens as 8.6 on a scale of 1 – 10 (with 10 being the greatest need).

Through an "exclusive and revolutionary tinting process," polycarbonate tints have been specially designed to allow wearers to see colors as they should be seen, giving patients a true and natural color perception, according to the company. "Not only does this new tinting process improve color perception, but PhysioTints are long lasting, durable, and will not crack, fade or peel because Essilor tints the polycarbonate lens and not just the coating on the lens," according to company materials.

With Crizal® Alizé™, the lenses will have the added benefits of AR, superior cleanability, scratch resistance and durability. Ideal for those with light sensitive eyes, they are available from the lightest to the darkest sun-tints in brown, gray, gray-green and black, tint grades 0-3 and there are no power or base curve issues. Additionally PhysioTints offer 100 percent UVA and UVB protection.



Calendar



September

FALL OPTOMETRIC CONFERENCE
VERMONT OPTOMETRIC ASSOCIATION Lisa Eriksson
O.D. 802/ 524-9561
eriksson@gmavt.net
Sept. 9-11, 2005
Basin Harbour Club and Resort
Vergennes VT

GREEK ISLES AEA Cruise
Seminars Sponsors: Illinois
Optometric Association, Chicago
Northside Optometric Society,
Advanced Eye care Associates
Sept. 11-23, 2005 Dr. Mark
Rosanova, President 888/ 638-
6009

INTERNATIONAL VISION
EXPO WEST
Liz Lollis Registration Manager
800/ 811-7151
inquiry@vision.reedexpo.com
www.visionexpowest.com
Sept. 14-17, 2005
Sands Expo and Convention
Center Las Vegas, NV

OPTOEAST 2005
September 15-17, 2005
Atlantic City Convention Center
Atlantic City, NJ Irene K.
Sauertieg, 717/233-6455
llene@poaeyes.org
www.optoeast.com

ART & SCIENCE OF
OPTOMETRIC CARE -- A
BEHAVIORAL PERSPECTIVE
BABO/ Optometric Extension
Program Theresa Krejci
800/ 447-0370
www.babousa.org Sept. 15-
19, 2005 Grand Rapids, MI

FALL CONFERENCE MAINE
OPTOMETRIC ASSOCIATION
207/ 626-9920
MOA.Office@
MaineEyeDoctors.com
www.MaineEyeDoctors.com
Sept. 16-18, 2005 Spruce
Point Inn Boothbay Harbor, ME

ANNUAL CONGRESS
IDAHO OPTOMETRIC
ASSOCIATION Larry Benton
208/ 461-2000
lebenton@DirecPC.com
www.eyood.org Sept. 22-25,
Shiloh Inn Convention Center,
Idaho Falls, ID

ANNUAL MEETING AND
CONVENTION
WISCONSIN OPTOMETRIC
ASSOCIATION Joleen Breunig
608/ 274-4322
joleenwoaoffice@tds.net
www.woa-eyes.org Sept. 22-
25, 2005 Paper Valley Hotel
Appleton, WI

ANNUAL CONVENTION
ILLINOIS OPTOMETRIC
ASSOCIATION 800/ 933-
7289 ioa@ioaweb.org
www.ioaweb.org Sept. 29-
Oct. 2, 2005 Wyndham
Hotel 300 Park Blvd., Itasca, IL

SOUTHERN COLLEGE OF
OPTOMETRY Homecoming and
Continuing Education Weekend
September 22-25, 2005
Memphis, TN Kristin Anderson,
O.D. 800/238-0180, ext. 4
ce@sco.edu www.sco.edu

October

EXAMINING INFANTS &
CHILDREN THROUGH AGE
THREE BABO/ Optometric
Extension Program
Theresa Krejci 800/ 447-
0370 www.babousa.org
Oct. 1-2, 2005 Encino, CA

CE IN FORT WORTH 2005,
University of Houston College of
Optometry & Alcon
Laboratories, Inc., Oct. 1-2,
713/ 743-1900 optce@uh.edu
www.opt.uh.edu Alcon
Laboratories, Fort Worth, TX

OKLAHOMA ASSOCIATION OF
OPTOMETRIC PHYSICIANS
PIONEERS IN OPTOMETRY
REGIONAL CONFERENCE
Oct. 7-9, 2005
Renaissance Tulsa Hotel and
Convention Center
800/375-2020
pali@ix.netcom.com
www.pioneersinoptometry.com

ANNUAL CONTACT LENS &
PRIMARY CARE SEMINAR
MICHIGAN OPTOMETRIC
ASSOCIATION 517/ 482-
0616 mioptoassn@aol.com
www.themoa.org Oct. 5-6,
Lansing Center Lansing, MI

ANNUAL CONVENTION
MISSOURI OPTOMETRIC
ASSOCIATION 573/ 635-6151
moopt@socket.net
http://www.moeyecare.org Oct.
6-9, 2005 Chateau on the Lake,
Branson MO

FALL MEETING MINNESOTA
OPTOMETRIC ASSOCIATION
952/ 841-1122 or 800/ 678-
8232 jessica@mneyedocs.org
http://www.mneyedocs.org
October 7-8, 2005 Duluth
Entertainment Convention Center
Duluth, MN

FALL EYE CARE CONFERENCE
/ CHILDREN'S VISION AND
LEARNING CONFERENCE
KANSAS OPTOMETRIC
ASSOCIATION 785/232-0225
debbie@kansasoptometric.org
Oct. 7-9, 2005 Airport Hilton,
Wichita KS

ANNUAL CONGRESS NORTH
DAKOTA OPTOMETRIC
ASSOCIATION 701/258-6766
nkopp@blinet.net Oct. 13-15,
2005 Ramada Plaza Suites
Fargo, ND

FALL EDUCATION MEETING
ARKANSAS OPTOMETRIC
ASSOCIATION 501/661-7675
aropt@swbell.net
www.arkansasoptometric.org
October 13-16, 2005 Grand
Casino Convention Center,
Tunica MS

GREAT WESTERN COUNCIL
OF OPTOMETRY CONGRESS
2005 406/ 443-1160
info@gwco.org Oct. 13-16,
2005 Doubletree Lloyd Center
Hotel & Oregon Convention
Center, Portland OR

International Light Association
2nd Annual Conference, Light
and Health
October 13-16, 2005
University of Brussels
Belgium Medical School Hospital
Dr. Jennifer Breiling
FAX: 520-478-9969
Jen4nel@sbcglobal.net

ANNUAL MEETING
AMERICAN ACADEMY OF
OPHTHALMOLOGY
866/ 320-3203
registration@aao.org
October 15-18, 2005
McCormick Place Chicago, IL

ALUMNI REUNION SOUTHERN
CALIFORNIA COLLEGE OF
OPTOMETRY 714/ 449-7442
salkinson@scco.edu
http://www.scco.edu October
8-9, 2005 Southern California
College of Optometry

HAWKEYE INSTITUTE
October 20 & 21, 2005
Cedar Rapids Marriott Hotel,
Iowa Optometric Association
800/ 444-1772
515/ 222-5679
chrish@iowaoptometry.org
http://www.iowaoptometry.org

OPTOMETRY DAY 2005,
Optometric Society of the District
of Columbia
Oct. 23, 2005
Key Bridge Marriott,
www.primarycareopt.com

FALL EDUCATION CONGRESS
KENTUCKY OPTOMETRIC
ASSOCIATION 502/875-3516
julie@kyeyes.org
http://www.kyeyes.org
Oct. 27-30, 2005
Park Vista Resort,
Gallatinburg, TN

EAST-WEST EYE CONFERENCE
OHIO OPTOMETRIC
ASSOCIATION 614/781-0708
info@ooa.org www.eastwest-
eye.org Oct. 27-30, 2005
Cleveland Convention Center

ANNUAL MEETING NEW
HAMPSHIRE OPTOMETRIC
ASSOCIATION 603/964-2885
optometrist@comcast.net
Oct. 28-30, 2005
Portsmouth, NH

November

35th ANNUAL COVD
MEETING
888/ 268-3770
millod@aol.com Nov. 1-5, 2005
Wyndham Palace Resort and
Spa Orlando, FL www.covd.org

ARIZONA OPTOMETRIC
ASSOCIATION FALL
CONGRESS CE in the Red
Rocks Nov. 4-6, 2005
Hilton Sedona Resort
Sedona, Arizona
Jane Lynch
602/279-0055
FAX: 602/264-6356
info@azoa.org

HAWAII OPTOMETRIC
ASSOCIATION
45TH ANNUAL
CONVENTION
Island of Maui at the Fairmont
Kea Lani. November 6-9,
2005. (808) 537-5678,
fax (808) 537-1509

December

MAINE OPTOMETRIC
ASSOCIATION'S ANNUAL
CONFERENCE
December 2-4, 2005
Eastland Hotel, Portland,
Maine
207/626-9920
FAX: 207/626-9935
moa.office@
maineeyedoctors.com
www.maineeyedoctors.com

AMERICAN ACADEMY OF
OPTOMETRY, Dec. 8-11, 2005
San Diego Convention Center.
www.aaopt.org

January

ARIZONA OPTOMETRIC
ASSOCIATION
Bronstein Contact Lens Seminar
Jan. 27-29, 2006
Chaparral Suites Resort
Scottsdale, Arizona
Jane Lynch
602/279-0055
FAX: 602/264-6356
info@azoa

For more meetings
information, visit
www.AOANews.org.
To submit an item,
send a note to
[EventCalendar@
aoa.org](mailto:EventCalendar@aoa.org)

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For all the children of the world who need or wear glasses, this is a very happy story!

Judy Arledge is a grandmother of two young children who wear glasses. She wrote “With My Glasses on My Face” to provide a way to “share the experience of the journey to corrected sight from a young child’s perspective.” This children’s book will be available for a limited time from the AOA Order Department.



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4

WAYS TO ORDER

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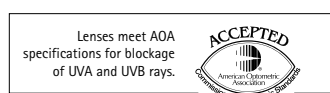


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